

EXHIBIT 1

Claim your share now. ►►►

Payment Card Interchange Fee Settlement
Class Administrator
PO Box 2530
Portland, OR 97208-2530



123456789

XYZ Transportation Services
D/B/A Friendly Neighborhood Taxi Drivers
John Doe
C/O Chief Financial Officer
8888 North Main Street, Suite 32
Anytown, OR 97352

Claimant ID: JOINTGR12340
Tax ID: **-***1234

Scan the QR code to the right
to file an electronic claim via
your phone, computer, tablet,
or other smart device.



• COURT-APPROVED CLAIM FORM •

If your business accepted Visa and/or Mastercard
between 2004 - 2019, you're now eligible to claim
your share of a \$5.5 billion settlement.

Claim your share now. ►►►



Submit Your Claim Online:

Submitting your claim online takes less than five minutes. You can scan the QR code below or visit www.PaymentCardSettlement.com and use the secure website credentials provided below to file your claim. If you file your claim online it must be submitted by 11:59 pm on **Month, DD, 2024**.

STEP ONE:

Scan the QR code
to access the Case
Website.



STEP TWO:

Enter your secure
credentials.

YOUR CLAIMANT ID:
JOINTGR12340

CONTROL NO.:

123456

STEP THREE:

Submit your claim!
Your claim process is
now complete.



Why are you receiving this form?

You are receiving this Claim Form because records show you are a merchant (business owner) who may have accepted Visa and/or Mastercard at any time from January 1, 2004, to January 25, 2019 ("Class Period"). Visa and Mastercard and their issuing banks ("Defendants") are alleged to have violated the law because they wrongfully inflated interchange fees. Defendants say they have done nothing wrong. They claim their business practices are legal. After years of appeals, the Settlement is now final, and it is time to file your claim for a payment. If you do not file your claim, you will not receive a payment.

For many eligible merchants, data is available to determine the value of Visa and/or Mastercard transactions accepted during the Class Period. If that applies to you, your information is below, and you can quickly file your claim based on that amount (either by using the QR code above, going to www.PaymentCardSettlement.com, or by mailing in this paper Claim Form). If you believe that the transaction amount provided below is incorrect, please visit the Case Website to provide more information regarding your transactions. You may also be able to request additional detail on your business' transaction activity.

Submission Deadline:
Month DD, 20YY

Please scan the QR code on the previous page, or visit www.PaymentCardSettlement.com, for detailed information about the Settlement or to file your claim online. If you are making your claim by mail on the basis of the amount below, complete this Claim Form and send it to Payment Card Interchange Fee Settlement, PO Box 2530, Portland, OR 97208-2530, postmarked by Month DD, 2024. If you have questions, contact us at info@PaymentCardSettlement.com or 1-800-625-6440.

How much will you receive? It's based on the estimated amount of your Visa and/or Mastercard transactions.

The chart below includes a summary of estimates of your Visa and/or Mastercard transactions within the United States during the Class Period:

	Visa and/or Mastercard Activity		
	TRANSACTIONS	VOLUME	INTERCHANGE FEES
TOTAL	31,381	\$851,532.87	\$9,880.03

CLAIMANT ID: JOINTGR12340
CONTROL NO.: 123456

Your actual recovery will not be the Interchange Fees listed above, but rather a percentage of the total based on a variety of factors including the total number of eligible claims submitted. To view more detailed information related to your business, please visit www.PaymentCardSettlement.com and use the credentials shown above. At the Case Website, you may electronically submit your claim and receive an email confirmation of your claim submission.

File your claim now. ►►►

It's easy to file your claim. Fill out the below information, and use the enclosed envelope to return your claim. Or if you prefer to file online in less than five minutes, you can scan the QR code on this Claim Form or visit www.PaymentCardSettlement.com and use the secure website credentials provided on the prior page to file your claim.



I accept the Class Administrator's estimate of Interchange Fees paid. By signing below, I attest that I have sufficient authority to submit this Claim Form on behalf of [XYZ Transportation Services].

Signature:

Date (MM/DD/YYYY):

Printed Name:

Title:

You may sign and return this form using the enclosed envelope to: Payment Card Interchange Fee Settlement, PO Box 2530, Portland, OR 97208-2530.



If you have questions about your transaction summary or need to update contact or mailing information related to your business, please review the information below. Payments will be made after all claims are received and processed following the Claims Deadline of Month DD, 2024. Please be patient.

Do you think the summary above is missing transactional data related to your business? If so, please visit the Case Website where you can provide additional information about your business. You can ask the Class Administrator to use the additional information you provide to re-query the Defendants' database for additional transactional data that may be available. You can also provide your own transactional data (if you have it), showing additional Interchange fees paid on Visa and/or Mastercard transactions accepted by your business during the Class Period. You will need the Claimant ID and Control No. listed above. You may also be asked to enter the full Tax ID for your business.

Has your mailing address or contact information changed? If so, visit the Case Website to update it. You may be asked to enter the full Tax ID for your business in order to change your contact information.

Are you claiming on behalf of someone else? For claims that are determined eligible to receive a Settlement payment, the resulting check will be issued payable to the business, person or other entity that is listed at the top of this page. HOWEVER, if you want any change to the payee name that would be printed on your check (if your business name has changed, or you believe you have authority for any reason to file on behalf of the named Class Member), you must provide additional information to the Class Administrator. Please go to the Case Website or call the toll-free number for assistance.